

Waiver Services Registry Policy

Background: Medicaid's Home and Community Based Services waivers are limited by enrollment caps and budget allocations. Some of Maryland's waivers are approaching these limits. This policy describes the process for closing a waiver, initiating a Waiver Services Registry, and reopening a waiver when slots become available.

The State will continue to process waiver applications from people who have been in an institution and whose services have been paid by Medicaid for at least thirty days and meet waiver eligibility. They will not be placed on the Waiver Services Registry and can apply for waiver services. With this policy, the money follows the person, and therefore we anticipate that this policy will not have a budget impact on Medicaid. However, there will be administrative costs for case management and fiscal intermediary services. The Department of Health and Mental Hygiene (DHMH) will closely monitor the cost to Medicaid and the Administering State Agencies.

1. Policy for Closing a Waiver to New Community Applicants:

- The State will close a waiver to new community applicants if DHMH and the Administering State Agency (ASA) determine that the number of pending applications adjusted for denial rate plus the number of used waiver slots is equal to or greater than the number of available waiver slots or budgeted waiver slots.
- The ASA will continue processing all applicants "in the pipeline." An applicant is considered "in the pipeline" if:
 - Autism If the level of care assessment was performed, the plan of care written, the consent form signed, or the application was received by Division of Eligibility Waiver Services (DEWS).
 - Living At Home: Maryland Community Choices If either an Adult Evaluation Review Services (AERS) assessment has occurred or an application has been received by Department of Human Resources (DHR) or DEWS.
 - Older Adults If an application has been signed.
- The Waiver Services Registry is a list of people who are interested in applying for waiver services.

2. Policy for Closing a Waiver Completely when the Waiver Cap is Reached:

- When the waiver cap is reached, processing of all individuals in the pipeline will stop. However, individuals in the pipeline will be given priority on the Registry.

- For those individuals who are “in the pipeline,” the ASA is responsible for compiling the individual’s contact information (name, address, phone number, birth date, social security number, waiver of interest, and contact information their representative) and sending this information to *Spherix*, the Waiver Services Registry contractor. The ASA will send notification of this to the individuals’ case managers. The ASA will also refer individuals in the pipeline for other services, if appropriate.
- The ASA will forward all **signed applications** to Division of Waivers Eligibility Services.
- For all signed applications, DEWS will send the applicant a “denial” letter explaining that the waiver slots are filled and saying that their name will be given priority on the Waiver Services Registry. DEWS will forward denied applications to the Local Department of Social Services for a community Medicaid determination.

Once a waiver is completely closed, DEWS will not process applications for that waiver; **except** if the ASA notifies DEWS that a particular application can be processed. Exceptions are made for:

- Individuals residing in institutions.
- Redeterminations.
- Former waiver participants who are returning to waiver services within the waiver year (entering the same “slot”).

3. Registry System:

- *Spherix* will establish a toll-free number for individuals to call if they are interested in pursuing waiver services when the waiver is closed. Interested individuals will be directed to this toll-free number from any current waiver application site.
- *Spherix* will collect the individual’s name, address, phone number, birth date, social security number, residence (nursing home or community), waiver of interest, and contact information for their representative. *Spherix* will add all interested individuals to the Registry based on their date of request regardless of income or functional status (there is no eligibility screening done at this time).
- The State will continue to process applications from people who have been in an institution and whose services have been paid by Medicaid for at least thirty days and meet waiver eligibility. *Spherix* will redirect these callers to the appropriate ASA to request an application.
- *Spherix* will mail the individual and their representative three documents: (1) a letter confirming that they are on the Registry, (2) a waiver fact sheet, and (3) a Registry rights and responsibilities fact sheet.

4. *Filling Vacant Slots in the Waiver:*

- DHMH will notify *Spherix* when waiver slots become available. DHMH will inform *Spherix* of the number of individuals on the Registry to whom *Spherix* should notify of available slots. *Spherix* will notify individuals on the Registry in numerical order.
- Using a DHMH developed letter and script, *Spherix* will notify the appropriate individuals and representatives on the Registry by mail and telephone to see if they are interested in applying for the waiver. If after 15 days an individual fails to respond, a second letter will be mailed. If there is no response in 7 more days, *Spherix* will remove the individual's name from the Registry.